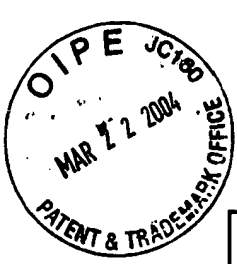


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PTO/SB/01 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	CRD0943CONT1	
		First Named Inventor	Stephen West	
		COMPLETE IF KNOWN		
		Application Number	10/729,523	
		Filing Date	December 5, 2003	
		Group Art Unit	Unknown	
		Examiner Name	Unknown	
<input type="checkbox"/> Declaration Submitted with Initial Filing <b>OR</b> <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)				
<b>As a below named inventor, I hereby declare that:</b>				
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
Aneurysm Embolization Device And Deployment System (Title of the Invention)				
the specification of which <input type="checkbox"/> is attached hereto  OR <input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) <u>December 5, 2003</u> as United States Application Number or PCT International Application Number <u>10/729,523</u> and was amended on (MM/DD/YYYY)				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.				
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:				



### DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/298,324	06/14/2001	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
10/141,411 (now U.S. Patent No. 6,692,510)	05/08/2002	Granted

I hereby appoint:

☒ Practitioners at Customer Number **000027777** →

Place Customer  
Number Bar Code  
Label Here

**AND**

☐ Practitioner(s) named below:  
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Henry W. Collins at telephone number (786) 313-2707.

Direct all correspondence to: ☒ Customer Number **000027777** OR ☐ Correspondence address below

Name:

Address:

Address:

City:

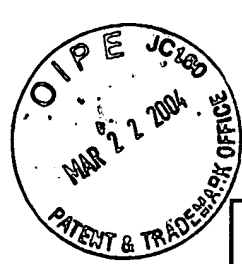
State:

ZIP

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Telephone:

Fax:



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Stephen

Family Name  
or Surname West

Inventor's  
Signature

Date 3/15/2004

Residence: City Pembroke Pines

State Florida

Country U.S.A.

Citizenship U.S.A.

Mailing Address 16570 N.W. 5<sup>th</sup> Court

City Pembroke Pines

State Florida

ZIP 33028

Country U.S.A.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])

Family Name  
or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])

Family Name  
or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country



DOCKET NO. CRD0943CONT1

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Stephen West

Serial No.: 10/729,523

Art Unit: Unknown

Filed : December 5, 2003

Examiner: Unknown

For : Aneurysm Embolization Device And Deployment System

Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

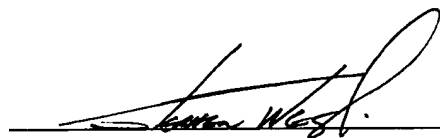
**DECLARATION OF CHANGE OF NAME**

I, Stephen West, do hereby and say as follows:

I have had a change of name from Clinton B. West to Stephen West.

I hereby declare that all statements made herein and of my own knowledge are true and that all statements made on information and belief are believed to be true; and I further declare that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued therefrom.

Dated: 3/18/2004

  
Stephen West